

# THE STATE OF NEW HAMPSHIRE

## SUMMARY OF BENEFITS

### FOR RETIREES OVER 65



CIGNA HealthCare

#### *Your CIGNA HealthCare Indemnity plan*

##### **Features that Add Value**

- The CIGNA HealthCare 24-Hour Health Information Line<sup>SM</sup> connects you **to registered nurses** and a **library** of hundreds of recorded programs on important health topics 24 hours a day, 7 days a week, from anywhere in the U.S.
- **CIGNA HealthCare Healthy Rewards®** includes special offers for **discounts** on health-related products and services. Just call 1.800.870.3470 or visit our web site at [www.cigna.com](http://www.cigna.com).

##### **You Can Depend on CIGNA HealthCare**

- **Quality comes first.** We select “preferred providers” carefully. And we make sure you have a **wide range** of doctors to choose from.
- **Emergency and urgent care are covered** wherever you go, worldwide, **24 hours a day**. Urgent care centers can take care of your urgent care needs, and your cost is lower.

##### **Quality Service Is Part of Quality Care**

- **Responsive service** -- Customer Service representatives have the authority to **solve problems** on the phone, usually on the first call.
- **[www.cigna.com](http://www.cigna.com)** – Visit our **interactive Web site** to learn more about your plan and get health information, 24 hours a day.
- **We Speak Many Languages<sup>SM</sup>**. We offer the Language Line Services so that you can **talk with us** in 140 different languages. Just call Customer Service, and ask for an interpreter to assist you.

## *Summary of Benefits*

<b>BENEFIT HIGHLIGHTS</b>	
<b><i>Calendar Year Deductible</i></b>	None
<b><i>Coinsurance Levels</i></b>	100%
<b><i>Office Visit</i></b>	
Illness \ Injury	100%
Allergy Treatment	100%
<b><i>Preventive Care</i></b>	
Routine Preventive Care	100%
Immunizations	Not Covered
Well Woman Care	100%
Pap Test	100%
Mammograms	100%
<b><i>Independent X-Ray and Lab</i></b>	100%
<b><i>Prescription Drugs</i></b>	For Prescription benefit coverage, please contact Local Government Center customer service at 1-800-527-5001
<b><i>Emergency</i></b>	
Doctor's Office	100%
Emergency Room\Urgent Care	100%
Ambulance	100%
<b><i>Hospital Inpatient</i></b>	100%
Doctor Visits	100%
Preadmission Testing	100%
<b><i>Outpatient Surgical Facility</i></b>	100%
<b><i>Surgery</i></b>	
Surgeon's Fees	100%
Second Opinion Consultation	100%

## Summary of Benefits

BENEFIT HIGHLIGHTS	
<b><i>Outpatient Rehabilitation</i></b> Includes Physical, Speech, Occupational therapy) (60 days per calendar year for all therapies combined)	100%
<b><i>Chiropractic Care</i></b>	100%
<b><i>Routine Foot Care</i></b>	Not Covered
<b><i>Infertility Services</i></b>	Not Covered
<b><i>Special Services</i></b> Skilled Nursing Facility, up to 100 days per calendar year	100%
Home Health Care	100%
Hospice - Inpatient	100%
Hospice - Outpatient	100%
<b><i>Durable Medical Equipment</i></b>	100%
<b><i>External Prosthetic Appliances</i></b>	100%
<b><i>Mental Health/Substance Abuse</i></b>	
Inpatient	100%
Outpatient	100%
<b><i>Routine Vision Care</i></b>	Not Covered

## **Mental Health**

All Mental Health and Substance Abuse benefits are authorized by CIGNA Behavioral Health, Inc., or its affiliates.

### **Benefit Exclusions .**

**These are examples of the exclusions in your plan. The complete list of exclusions is provided in your Certificate or Summary Plan Description. To the extent there may be differences, the terms of the Certificate or Summary Plan Description control .**

Your plan provides coverage for medically necessary services. Your plan does not provide coverage for the following except as required by law:

1. Services that are not medically necessary, except specifically outlined preventive care.
2. Charges which the person is not obligated to pay.
3. Charges made by a hospital owned by or performing services for the U.S. government if the charges are directly related to a sickness or injury connected to military service.
4. Custodial services not intended primarily to treat a specific injury or sickness, or any education or training.
5. Experimental, investigational or unproven procedures and treatments.
6. Cosmetic surgery or therapy.
7. Reports, evaluations, examinations, or hospitalizations not required for health reasons, such as employment, insurance or government licenses and court ordered forensic or custodial evaluations.
8. Treatment of the teeth or periodontium, unless such expenses are incurred for: (a) charges made for a continuous course of dental treatment started within six months of an injury to sound natural teeth; (b) charges made by a Hospital for Bed and Board or Necessary Services and Supplies; or (c) charges made by the outpatient department of a Hospital in connection with surgery.
9. Reversal of voluntary sterilization procedures.

10. Certain infertility services.
11. Transsexual surgery and related services.
12. Treatment for erectile dysfunction. However, penile implants are covered when an established medical condition is the cause of erectile dysfunction.
13. Therapy to improve general physical condition.
14. Eyeglasses, hearing aids or examinations and prescription fitting, except as provided in the Certificate or Summary Plan Description.
15. Charges for the maintenance and repairs of external prostheses due to misuse.
16. Surgical treatment for correction of refractive errors, including radial keratotomy.
17. Prescription and non-prescription drugs
18. Routine foot care.
19. Any injury or sickness arising out of , or in the course of, any employment for wage or profit.
20. Charges for consumable medical supplies other than ostomy supplies and urinary catheters. Excluded supplies include but are not limited to bandages and other disposable medical supplies, skin preparations and test strips, except as provided in the Certificate or Summary Plan Description.
21. Charges in excess of reasonable and customary limitations.
22. Charges for medical and surgical services intended primarily for the treatment or control of obesity.
23. Speech therapy which is not restorative in nature.
24. Artificial aids, including but not limited to orthopedic shoes, arch supports, elastic stockings, dentures and wigs.

### **These Are Only the Highlights**

*As you can see, the plan is designed to combine in-depth coverage with affordable prices. This summary contains highlights only and is subject to change. The specific terms of coverage, exclusions and limitations including legislated benefits are contained in the Summary Plan Description or Insurance Certificate. This plan is insured and/or administered by Connecticut General Life Insurance Company, a CIGNA Company.*

*“CIGNA HealthCare” refers to various operating subsidiaries of CIGNA Corporation. Products and services are provided by these subsidiaries and not by CIGNA Corporation. These subsidiaries include Connecticut General Life Insurance Company, CIGNA Vision Care, Inc., Tel-Drug, Inc. and its affiliates, CIGNA Behavioral Health, Inc., Intracorp, and HMO or service company subsidiaries of CIGNA Health Corporation and CIGNA Dental Health, Inc.*